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PTO/SB/50 (02-01)
Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No. 2134.2006-001

First Named Inventor Raymond J. Bergeron, Jr.

Original Patent Number 6,083,966

Original Patent Issue Date
(Month/Day/Year) July 4, 2000

Express Mail Label No. EJ094292897US

APPLICATION FOR REISSUE OF:
(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/ SB/ 56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes
to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: Notice of Change
of Correspondence
Address

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

021005

or ☐ Correspondence address below

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Name	Hamilton, Brook, Smith & Reynolds, P.C.		
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City	Concord	State	MA
Country	USA	Telephone	978-341-0036
Zip Code	01742-9133	Fax	978-341-0136

NAME (Print/Type)

Linda M. Chinn

Registration No. (Attorney/Agent)

31,240

Signature

Linda M. Chinn

Date

October 17, 2001

10/17/01

51 U.S. PTO

PTO/SB/56 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

2134.2006-001

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 30	Total Claims (37 CFR 1.16(j))	(B) 29	**** 0 =	x \$_____ =	or	x \$18 =	0
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 6	. 5 =	x \$_____ =		x \$84 =	420
Basic Fee (37 CFR 1.16(h)) \$_____							\$740
Total Filing Fee \$_____						OR	\$1160

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$_____ =		x \$_____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$_____ =		x \$_____ =	
Total Additional Fee \$_____						OR	\$	

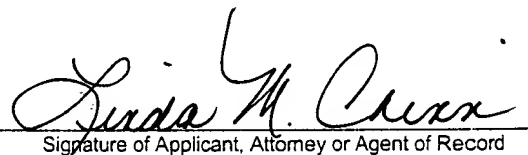
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-0380.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 1160.00 to cover the filing / additional fee is enclosed.October 17, 2001
Date


Signature of Applicant, Attorney or Agent of Record

Linda M. Chinn

Typed or printed name

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

10/22/2001 NDAHTE1 00000014 09981586

01 FC:101 740.00 DP
02 FC:102 420.00 DP

Adjustment date: 11/21/2001 SSANDARA
10/22/2001 NDAHTE1 00000014 09981586

01 FC:101 -740.00 DP
02 FC:102 -420.00 DP

11/21/2001 SSANDARA 00000005 09981586

01 FC:108 740.00 DP

Repln. Ref: 11/21/2001 SSANDARA 0013342800
DAA:080380 Name/Number:09981586
FC: 704 \$420.00 CR

PTO-1556
(5/87)